

INDOOR TANNING COMMUNITY'S SOLUTION:

- ✓ Bring all stakeholders together and create a regulation working group.
- ✓ Provincial government to control working group.
- ✓ Regulation to be based on the scientific evidence to date on commercial indoor sunbathing.
- ✓ Create regulations that include:

- Parental involvement
- Skin Typing
- Ban Skin Type I
- Certified and Trained Operators controlling the sunbeds
- Warning signs
- Mandatory Protective Eyewear
- Graduated exposure schedule

JCTA Guidelines follow these standards already and more. Manitoba is the first province to introduce regulations for parental consent, fact sheets and warning signs.

FACTS ABOUT THE INDOOR UV TANNING COMMUNITY IN CANADA

- Over 3500 small family owned businesses have indoor sunbathing equipment.
- The JCTA represents 75% of the indoor sunbathing equipment in Canada.
- Businesses employ over 14,000 people — mostly female.
- Less than 10% of the population in Canada indoor tan sometime in the year. Majority use sunbeds to pre-tan for sunny vacations or before summer to reduce the risk of sunburn.
- The average age of an indoor sunbather is 30.
- Majority of teens sunbathe for vacations and proms and have parental consent.
- Upward to 20% of clients come in for therapeutic reasons — recommended by health professionals.
- Professional salons do not promote indoor sunbathing for medical reasons.

- Professional salons have parental consent policies already in place.
- JCTA guidelines have been in existence for about 10 years and go further than Health Canada guidelines.
- Canadian industry certification programs have been in place since 2004 and in North America since 1992. 80% of the salons in Canada have a certified operator.
- Most professional salons carry professional liability insurance which demands certification and strict controls on equipment.

NON-UV RISK FACTORS FOR SKIN CANCER

- Smoking: 50% increase (Dr. M. Holick, The Vitamin D Solution)
- Obesity: 90% increase (Dr. M. Sorensen, Vitamin D3 Solar Power for Optimal Health)
- Skin Type: Skin Type 1 has 1,000 times the risk of a Skin Type 6 [3]
- Genetic Factors: Red hair (264% increase), abundant moles (589% increase), skin tone (106% increase) [4]
- Vitamin D deficiency 50% risk reduction with optimum vitamin D blood levels for women [9] further research [8]
- Family History — 74% increase [4]

UV-RELATED RISK FACTORS FOR SKIN CANCER

- Sunburn (103% increase risk) [4]
- Intermittent UV exposure as opposed to regular exposure: (61% increase risk)[4]
- 6% risk with a controlled environments, like commercial indoor UV tanning, if you include a Skin Type 1 person [1]

REFERENCES

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- [2] Grant — Grant, Critique of the International Agency for Research on Cancers meta-analyses of the association of sunbed use with risk of cutaneous malignant melanoma. *Dermato-Endocrinology* 1:6, 1-7; November/December 2009
- [3] IARC Working Group — The association of use of sunbeds with cutaneous malignant melanoma and other skin cancers: A systematic review *Int. J. Cancer*: 120, 1116-1122 (2006)
- [4] Gandini S, et al., Meta-analysis of risk factors for cutaneous melanoma I. Common and Atypical Naevi, II. Sun exposure, III. Family history, atypical damage and phenotypic factors doi:10.1016/j.ejca.2004.10.016
- [5] Elwood and Jopson — Melanoma and sun exposure: An overview of published studies. *Int. J. Cancer*: 73, 198-203 (1997)
- [6] Garland et al., — Occupational sunlight exposure and melanoma in the U.S. *Navy. Arch. Environ. Health* 1990 Sep-Oct;45(5):261-7
- [7] Shipman et al, Sunnier European countries have lower melanoma mortality *Clinical and Experimental Dermatology* 2011
- [8] Mason 2010 et al, Photoprotection by 1,25-dihydroxyvitamin D and analogs: Further studies on mechanisms and implications for UV-damage
- [9] Tang 2011 — Calcium plus vitamin D supplementation and the risk of nonmelanoma and melanoma skin cancer: post hoc analyses of the women's health initiative randomized control trial

**INDOOR SUNBATHING
COMMUNITY
WANTS REGULATION
TO PROTECT ALL AGES**

**WE SHOULD
BE PART
OF THE
SOLUTION**



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MOST HEALTH AUTHORITIES WANT TO BAN TEENAGERS FROM INDOOR TANNING AND MAYBE ADD A WARNING SIGN

REASONS THIS WILL NOT REDUCE RISK

1. Pushes teenagers to tan in uncontrolled environments : home and outdoors .
2. Too narrow of a regulation/bylaw.
3. Does not protect all ages.
4. Skin typing — banning all Skin Type 1's from UV indoor sunbathing — will reduce risk.
5. Does not remove self-serve (coin-op) tanning - uncontrolled tanning.
6. Does not require industry-certified and -trained operator to control the equipment.
7. Does not require client record keeping.
8. Does not require the governments to create a comprehensive set of regulations.

SUGGESTION

Create a working group that would include the JCTA as a representative to the indoor sunbathing community and all other stakeholders to derive a solution that would protect sunbathers of all ages. Move it to a provincial regulation as the service industry is regulated by the provinces in most cases. The regulations would include controls and parental involvement.

The JCTA and more than 3500 family-owned sunbed businesses in Canada would support this type of regulation. We ask you as a government official to support this type of solution.

SCIENTIFIC BASIS FOR THE JCTA'S POSITION

Medical data on the effect of UV exposure continues to evolve and is widely misunderstood. JCTA's position on the relative risk of indoor sunbathing and the appropriate legislative/regulatory response is based upon these facts:

1. The World Health Organization (WHO) IARC Report [3] does not, as is widely misrepresented, shows a blanket 75% increase of risk for melanoma from commercial tanning units for people under age 35. When home (40% increased risk) and medical units (96% increased risk) are removed from the IARC data, the weighted **increase of risk is only 6% for commercial sunbeds which includes Skin Type I individuals (who are screened from UV tanning in professional Canadian tanning facilities)**. Removing Skin Type I cases from the studies eliminates the increase in risk entirely [2] and may actually show that UV tanners have a lower risk in this data set. (The IARC data was most recently reviewed by Dr. M Papas [1] at the 3rd North American Congress of Epidemiology in Montreal June 21-24, 2011.)
2. The WHO-IARC report actually states that a sunbed user's lifetime increase in melanoma risk is only 15% [3] — a figure that includes commercial, home and medical units and which includes Skin Type I sunbathers. Home units have almost 7 times the relative risk as compared with commercial sunbeds in the IARC data and medical sunbeds have 16 times the risk as compared with commercial tanning units. Yet home units and medical sunbeds would not be regulated.
3. To put this in perspective, cigarette smoking increases one's risk of any cancer by 2,000% — 333 times greater than the relative risk increase that the IARC reports for commercial sunbed users. Smoking should never be compared to UV exposure. This will dilute the importance of the anti-smoking message.
4. The marginal increase of risk (IARC itself referred to it as "limited" in its 2006 report [3]) validates the indoor tanning profession's position that professional control of exposure is the key factor to minimizing risk.

5. IARC demonstrates that those who are most at risk are Skin Type I individuals. Professional salons already voluntarily exclude this group from UV tanning with an effective Fitzpatrick Skin Typing evaluation system.
6. Indoor Sunbathing has been popular in Canada since the early 1980s. Even though the industry has grown significantly since this time, there has been no relative increase in melanoma, according to Health Canada data. The total increase of cancer diagnosis is in fact attributed to population growth.
7. The population which has exhibited the greatest growth in skin cancer is males over 50, few of whom have ever seen the inside of an indoor sunbathing facility.
8. Non-Melanoma Skin Cancer rates are in fact decreasing in Canada, despite the popularity of indoor sunbathing based on population growth.
9. The elevation of indoor sunbathing to a 'Group 1' by the WHO puts it in the same category as birth control pills and natural sunlight. WHO did not quantify how much UV exposure is carcinogenic nor did they mention that life requires UV exposure, but they did identify risk factors for Skin Types.
10. **The largest risk factor for melanoma is genetic factors such as number of moles [4] (+600% increase risk).**
11. **Outdoor workers have lower melanoma risk than indoor workers [5,6]** UV light whether produced by sunlight or sunbed is the same. It's all about dosage and control.
12. Compare Environment Canada's statistics on summer sunshine with Canadian Cancer Society's cancer statistics by province: areas in Canada with the most summer sunshine have the lowest melanoma rates, which would not be possible if melanoma's UV relationship were straightforward. European study confirm this type of relationship and genetic factor [7]

It is for these reasons that the JCTA and its membership advocate an increase of professional control, restrictions preventing Skin Type I individuals from UV tanning and continuous balanced public education on the potential risks and benefits of UV exposure.

